			UndarthePaperv	vorkReducijonActof1995	.U.S. nogereonszrereguirediorespon	Approved for us Patent and Trademark Office dtoaccitectionofintermalionur	se through 01/31/2007 OMB 0851-0032 I; U.S. DEPARTMENT OF COMMERCE lessildisplaysevaldOMBcontrolnumber		
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R., 4818).				Complete If Known					
			1	Application Number 10/591,333			*		
0000 80000 80000 80000	KANS	MITTAL	Filing C	ate	August 31, 2006				
for FY 2009				First Named Inventor Steven Porter Hotelling, et al.					
Applicant claims sma	all entity stat	us. See 37 CFR 1.27	Examir	er Name	John E. Chapman	***************************************			
TOTAL AMOUNT OF PAYMENT (\$) 130.00			Art Uni	Art Unit 2858					
			Attorne	Attorney Docket No. PU040287			P.		
METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER 24498									
☐ Check ☐ Credit Ca	ard 🗌 Mo	ney Order 🔲 None	Other (	please identif	ý) :	**************************			
□ Deposit Account Deposit Account Number: 07-0832     □ Deposit Account Name: THOMSON LICENSING LLC									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge for	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)									
Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
information and authorization							•		
FEE CALCULATION									
1. BASIC FILING, SE	ARCH, AN FILING I		ES SEARCH	rere	EVAMIN	ATION FEES			
	FILMO	Small Entity	SEMMOR	Small Entil		Small Entity			
<u>Application Type</u>	Fee (\$)	Fee(\$)	<u>Fee(\$)</u>	Fee(\$)	<u>Fee(\$)</u>	Fee(\$)	Fees Paid (\$)		
Utility	310	155	510	255	210	105			
Design	210	105	100	50	130	65			
Plant	210	105	310	155	160	80	· ·		
Reissue	310 210	155 105	510	255 0	620 0	310 0	, distriction of the state of t		
Provisional		103	U	Ü	V	V	Countil Emiliar		
<ol> <li>EXCESS CLAIM FI Fee Description</li> </ol>	cco					Fee (\$)	Small Entity Fee (\$)		
Each claim over 20 (it	ncluding Rei	ssues)				50	25		
Each independent clai	m over 3 (in					210	105		
Multiple dependent cl		%3 - ^	e	m = 1 = 1 / m \		370	185		
Total Claims	<u>Extra (</u>		ree	Paid (\$)		Fee (\$)	Dependent Claims Fee Paid (\$)		
-20 or HF		aid for, if greater than 20.				Lea 10)	i ea Lain (a)		
indep. Claims	Extra (	•	Fee	Paid (\$)		***********	***************************************		
- 3 or HP		X	*						
		claims paid for, if greater the	nan 3,:						
3. APPLICATION SIZ	E FEE								
If the specification and listings under 3	7 CFR 1.52(	e)), the application size	e fee due is	\$250 (\$125 fc	ly filed sequence or small entity) fo	or computer r each additiona	150		
sheets or fraction  Total Sheets		ee 35 U.S.C. 41(a)(1)(0 neets Number of	a) and 3 / C F <b>each ad</b> d	rk 1.15(8). itional 50 o	r fraction there	of Fee (\$)	Fee Paid (\$)		
		/ 50 =				iii iiiiiiibiib			
4. OTHER FEE(S)		,	,		,		Fees Paid (\$)		
` ′	onse w/Rea	uest for Extension of Ti	ime				130.00		
Total:						139.00			

SUBMITTED BY				
Signature	1 hAu 1880 (1880)	Registration No. (Attorney/Agent) 57,368	Telephone	317-587-4027
Name (Print/Type)	Michael A. Pugel		Date	September 10, 2009